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'Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 **2013**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 62, 307	A	For the	e 2013 calend	dar year, or tax year beginning , and ending			
Nashua Police Patrolman's Assn. 02-0397822	В	Check if a	applicable	C Name of organization	•	D Employer identification number	
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G Accounting Method		Amended	i return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption	
Website: N./A Travexempt status (check only one) 501(c)(3) 501(c) 5 4 (insert no 4647(a)(1) or 527 (Form 990, 990-EZ, or 990-F)	П	Application	on pending	Nashua NH 03061-3783		Number >	
Nebsite: N/A Tax-exempt status (check only one) St1(c)(3) X St1(c) St1 (insert no) 4947(e)(1) or St27 (Form 990, 990-EZ, or 990-PF)	G	Accour	nting Method	X Cash Accrual Other (specify) ▶	H Che	ck X if the organization is not	
Laboration Machine M	ı	Websit	te: ► N/A		_		
Laboration Machine M	J	Tax-exe	empt status (ch	eck only one) — 501(c)(3) X 501(c) (5) 4 (insert no) 4947(a)(1) or 52	7 (For	rm 990, 990-EZ, or 990-PF)	
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990	ĸ	Form o	of organization				
Part IF: Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Check if the organization used Schedule O to respond to any question in this Part I 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events c Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events f O Gross sales of inven	L	Add line	es 5b, 6c, and 7l	b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets			
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21 Net assets or fund balances at end of year Combine lines 18 through 20	see	19					
21 Net assets or fund balances at end of year Combine lines 18 through 20	t As		-				
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	East						

02-0397822

. F	Part II	Balance Sheets (see the instructions for P	•				
		Check if the organization used Schedule O to	respond to any o				
				(A) Be	ginning of year		(B) End of year
		igs, and investments			<u>53,806</u>		62,307
	Land and b	•			0	23	
24	Other asset	s (describe in Schedule O)			0	24	60 207
	Total asse				53,806		62,307
		ities (describe in Schedule O)			0	26	0
		or fund balances (line 27 of column (B) must agre		L	53,806	27	62,307
F)زر	Part III !	Statement of Program Service Accom	•		[99]	_	Expenses
		Check if the organization used Schedule O to	respond to any o	uestion in this Part III		1 `	quired for section
Wh	at is the org	anization's primary exempt purpose?				J	(c)(3) and 501(c)(4)
		oor Organization				"	anizations and section
		ganization's program service accomplishments for ea	-	· -		l	7(a)(1) trusts, optional
		expenses In a clear and concise manner, describe	•	ed, the number of		for 6	others)
	sons benefit	ed, and other relevant information for each program	title				
28	See Sch	nedule O					
						1 1	
	(Grants \$) If this amount includes	foreign grants, chec	k here		28a	
29							
						1 1	
	(Grants \$) If this amount includes	foreign grants, chec	k here		29a	
30						1	
					, ,,,,,		
	(Grants \$) If this amount includes	foreign grants, chec	k here		30a	
31	Other progr	ram services (describe in Schedule O)			. —		
	(Grants \$) If this amount includes	foreign grants, chec	k here		31a	
		ram service expenses (add lines 28a through 31a)			<u> </u>	32	f D 110
. F	Part IV	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to respo	mployees (list each and to any question :	one even it not compens in this Part IV	sated — see the i	nstructio	ons for Part IV)
			(b) Average	(c) Reportable	(d) Heath ber	efits,	
		(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to e benefit plans,	and	(e) Estimated amount of other compensation
_			devoted to position	(if not paid, enter -0-)	deferred compe	nsation	<u> </u>
	Daniel I	=					
_	Secreta		5.00	2,500		0	0
		Archambault	1			_	
_	Preside		10.00	9,000		0	0
	Brian T	-			}		
_	Vice Pro		5.00	2,500		0	0
		Sullivan		0.500		_	
	Treasur	er	5.00	2,500		0	0
			1				
_			 				
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question.	rements in the			\Box
	instructions for Part V) Check if the organization used Schedule O to respond to any ques	don in this rait v	Y	es	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a				
	detailed description of each activity in Schedule O	33		\perp	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
	change on Schedule O (see instructions)	34	-		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			1	77
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35	\neg		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schero	dule O 35	b	\dashv	
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25		- 1	X
20	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part IIi	35	-	\dashv	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		- 1	X
37a	- The state of the	11.		-	<u> </u>
b	Did the organization file Form 1120-POL for this year?	37		*	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	7/32		٠.	ريزير هنه اريزير هنه
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38		Ï.	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	103.5	3	3.1	* ***
39	Section 501(c)(7) organizations Enter	ار آین میرندا		2	- را از ز- رو
а	Initiation fees and capital contributions included on line 9			3,1	1
b	Gross receipts, included on line 9, for public use of club facilities	, de 18			18 T. V
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	75.			16 to
	section 4911 ▶		15 8		SV.
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	* · ·	12	(5.	4.
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been				
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40	b live	979.7	.A 20
C		\$ \tag{\frac}\fint}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\		XX	
	organization managers or disqualified persons during the year under sections 4912,	Tank.			
	4955, and 4958			يون مونوا)	213 A
d		to y	i kr	12.5	
_	reimbursed by the organization All associations. At any time during the tay year, was the association a party to a prohibited tay shelter.				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40	, ˈˈ¬ˈ	İ	X
41	List the states with which a copy of this return is filed NH	<u> </u>	- 1		
42a		elephone no ▶ 603-3	00-	-60	00
	10 Iris Road	-			
	Located at ▶ Milford NH	ZIP+4▶ 03055	,		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	er	Y	es	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42			X
	If "Yes," enter the name of the foreign country	177.5	~ \$``	·.::	\$-1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	2	; ;		, .
	and Financial Accounts.	50, 1281		- ' -	35°25.
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42	<u> </u>	1	X
42	If "Yes," enter the name of the foreign country				_ [
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			▶ [
	and enter the amount of tax-exempt interest received of accided during the tax year	43	Tv	es	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		+-"	-	-140
77a	completed instead of Form 990-EZ	44	a		x
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		_	_	
•	completed instead of Form 990-EZ	44	ь	ŀ	X
С	Did the organization receive any payments for indoor tanning services during the year?	44		\neg	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		\top	\dashv	
	explanation in Schedule O	44	d L	_	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45	a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			\sqcap	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				-
	Form 990-EZ (see instructions)	45	b		X

Page 4

02-0397822

Form 990-EZ (2013)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Nashua Police Patrolman's Assn.

Employer Identification number 02-0397822

Form 990-EZ, Part I, Line 10 - Grants/S	Similar Amts Paid to Organizations
Name	Amount
Nashua Soup Kitchen	\$ 2,000
Nashua Police Athletic League	\$ 895
Nashua Police Supervisors Union	\$ 1,500
Other Charities	\$ 3,552
Total Cash Donations to Charities	\$ 7,947
Scholarships	\$ 2,000

9,947

Form	990-EZ,	Part	I,	Line	16	-	Other	Expenses
Desci	ription							Amount
Exper	ises							

Total Donations and Scholarships

Prof.	Fundraising Fo	ees	\$ 34,798
Telepho	ne Expense		\$ 5,059
Meeting	Expenses		\$ 2,114
Office	Expenses		\$ 1,418
Bank Fe	es		\$ 514
		Total	\$ 43,903

Form 990-EZ, Part III, Line 28 - First Accomplishment
Scholarships were provided to four students to aid in tuition payments.
Charitiable contributions were made to the Nashua Police Athletic League,
Nashua Police Supervisor's Union, Nashua Soup Kitchen, the Manchester
Humane Society, the United States Police Canine Association, and the

Name of the organization

Nashua Police Patrolman's Assn.

Employer Identification number

02-0397822

New Hampshire Association of Chiefs of Police.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment Form 990-EZ, Part III, Line 31 - All Other Accomplishments Organization provided legal aid for it's members, and organization provided financial assistance for police patrolmen in times of need.

02-0397822

Federal Statements

Form 990-EZ, Part I, Line 11 - Benefits Paid To or For Members

Description	 Amount
Other Member Benefits	\$ 17,586
Total	\$ 17,586